Supporting international graduates to success

Since 2012, an NHS led and funded project has involved researchers and clinicians developing and evaluating a programme to support International Medical Graduates (IMGs) - graduates who have obtained their medical degree outside the country where they work. The synthesis of this work is presented here as a toolbox, providing an evidence-guided example of best practice for supporting IMGs.

What is the problem?

Worldwide, reliance on international medical graduates (IMGs) is high. In the UK more than a third of doctors are IMGs[1], including those from within Europe (e.g. Spain, Poland, Romania) and also from countries further afield such as India, Pakistan and Egypt. Despite the essential role that they play in the functioning of healthcare organisations, research has found that IMGs are more likely to be censured in relation to fitness to practise and are proportionately more at risk of failing their postgraduate assessments.[2,3] Despite global recognition of the challenges that IMGs may face, the interventions available to support them fail to address their needs and have not been rigorously evaluated.[4] Within the UK, the main source of national support equates to a half-day induction.[4]

Why do interventions fail?

Short educational interventions delivered at the time of an IMG's arrival at their host organisation are not sufficient.[4] There is an assumption an IMG can slot into a rota gap without recognising that they have been trained in another system. These interventions fail to address the unique experiences and needs of their IMGs, including the numerous barriers they face, for which they require on-going support. IMGs often have different experiences and expectations about hierarchy that may affect their ability to ask for help or raise concerns, yet organisations are not always proactive in offering support systems, particularly those that provide a safe environment in which to ask questions.[4] We have also observed that IMGs often lack personal awareness of their own learning needs[4] and that supervisors and colleagues fail to take responsibility for overseeing IMG development and responding to their needs, often due to insufficient time to fulfil such support roles.[5] When this crucial support is absent, concerns about performance and patient safety are more likely to emerge, with more time being spent on resolving problems than investing in preventative support. IMGs may become further dissatisfied

with the lack of training or career opportunities offered to them and return home disappointed after expending a great deal of effort and incurring high costs.[4] Other barriers to success include: a lack of resources, poor leadership, the inability to identify or monitor those in non-training posts, and experiences of prejudice and discrimination.[4]

What level of support needs to be in place?

Successful transition into the workplace can be enhanced with the combination of both an initial induction and on-going support (buddying/supervision).[4] An acute care hospital in the North East of England developed the 'Programme for Overseas Doctors' (POD), a new intervention to aid the transition of IMGs. POD is comprised of multiple individualised modules over the course of one year and provides a buddy relationship (see Box 1). Success (including performance and retention) relied on a number of key factors.

A culture of support

A supportive clinical and organisational culture, evidenced through effective leadership and allocation of resources to support the intervention, is essential.[4,6] In our experience a single induction session is inadequate. Ongoing support for IMGs, from all team members, is regarded as crucial, from the start of the training programme through to integration into the workplace[7]. Regular multidisciplinary project team meetings to review progress and adjust the intervention will facilitate its success and ensure it is embedded in 'business as usual' within the organisation. Sharing of the practices and resources regionally through facilitated faculty development days allows broader dissemination of the intervention and will ensure sustainability.[7]

Individual needs assessment

Tailoring the content of POD to both the individual and group is required. A formal individual needs assessment should take place to highlight specific training needs to overcome any cultural barriers that become apparent (see Box 1). Communication training (discussed below) should highlight any communication difficulties (as well as any language issues that may not have been picked up via initial assessments).

Box 1. Outline of the Programme for Overseas Doctors (POD)

DAY 1 (WEEK 1)

- Introduction to programme
- Needs assessment questionnaire *(to test knowledge and attitudes)*
- Speed buddying session *(to match with buddies)*
- Objective structured clinical examination (OSCE) with feedback *(e.g. cannulation, blood cultures, handover)*
- General Medical Council *(ethics, policy, GMC guidance, insurance etc.)*

Information containing educational resources and e-learning made available

DAY 2 (WEEK 2)

- Communication sessions *(focus on patient centredness and personal insight)*

DAY 3 (WEEK 3)

- Building social support networks: lunch with buddies
- Career progression and progress systems in the host-country
- Conflict resolution with patients and colleagues *(communication and managing difficult situations)*
- Communication role plays *(e.g. confused patient)*

DAY 4 (WEEK 4)

- Communication - shared decision making, breaking bad news, cultural diversity, colloquialisms
- Communication workshops:
    1) Patient history (shared decision making)
    2) Difficult conversations (breaking bad news)
    3) Communication protocols and health organisation guidelines
- Evaluation and discussion of possible follow up training
- Team meeting to discuss feedback
- Patient journey simulation *(exploration of serious untoward incidents and educational governance)*
- Professional development plans *(career goals and aims)*

Social event

Objective structured clinical examination (OSCE) stations should be developed specifically for IMGs attending POD (separate to other formal assessments required). Such OSCEs should target the competencies required for their particular post. The OSCEs will enable trainers to identify and address the individual training needs (both competency and communication) of IMGs. Following the OSCE, targeted feedback should be provided to both the IMG and their supervisor. This process willfacilitate monitoring where necessary.

There is also a need to recognise the influence of individuals factors, such as identity and confidence, towards the learning of new knowledge, skills, and practices.[8,9] IMGs must be ready and willing to undertake the training. In our experience, needs assessments may not be popular with IMGs initially. However, if they are adequately supported and any gaps in knowledge addressed, any negativity should disperse.

Access to an adequate induction programme

Understanding IMGs prior experiences and training and relating them to new experiences is important to ensure their practice is safe and improves over time.[8,10] Training sessions need to address gaps in knowledge or skills and provide adequate levels of support, but without ignoring their previous learning and identity (e.g. to avoid perceptions of loss of power if previously a consultant). Otherwise, resistance to learning may occur.[4]

Training should be delivered over a number of weeks, offering repeated sessions to ensure participation. The sessions should include communication skills (containing role-plays), host-country culture, local culture, health system structure, medical practice guidelines, and ethical issues (see Box 1). Internal educators and external educators from UK regulators should be recruited to support the programme, helping to keep down the financial costs of recruiting external experts/trainers. An induction such as this is advised for all IMGs at the local level. Information containing educational resources and e-learning should also be made available.

Social elements will also help to facilitate the development of social networks. As illustrated during the POD, learning through a social network is important for 'community spirit' (sense of belonging and identity).[11] This may involve discussions, mutual support and information sharing. Local level rather than regional level implementation is especially important for this, ensuring relationships are built and maintained.

Access to supervision

Adequate supervision needs to be in place and ongoing for all IMGs, regardless of their level of experience or post. As with POD, a system of 'enhanced supervision' providing targeted training to support clinical and educational supervisors of IMGs is needed (this was jointly developed through the organisation and regional governing body). An additional tutor should be appointed to oversee and

support trust doctor IMGs in non-training posts. It will be beneficial if the tutor is an IMG themselves, facilitating their role as a mentor for career progression and cultural adjustment.

Having access to these supportive and empathetic colleagues and role models is essential. The focus of support should not only be on performance,[12] but also wellbeing and job-satisfaction, as IMGs are likely to face additional stress and anxiety.[13] It was evident during POD that some IMGs were recipients of bullying and negative communication, and reported increased emotional distress (including stress and depression), decreased motivation, and a desire to leave medicine. Ensuring supervisors receive training and are able to facilitate peer relationships is crucial for overcoming such issues. Supervisor support is likely to ensure cultural acceptance of the intervention, enable IMGs to access necessary training sessions, and facilitate overall sustainability of the intervention. This acceptance and increased understanding should lead IMGs to be more satisfied, better adjusted to life in general, and more committed to the employing organisation.[4]

Access to a buddy

The development of organic relationships within the workplace is crucial, but not always possible.[4] We feel that all IMGs should therefore be offered a buddy to provide one to one support, both within and outside of the workplace. This will ensure a safety net is in place and enable IMGs to ask questions without the risk of feeling inadequate or inferior[4]. In addition a session at which buddies and IMGs are brought together should take place within the first week of the induction to facilitate matching of pairs. We suggest that recruitment of buddies should include both those who have trained in the host-country and those who have trained in a different culture, each bringing their own advantages. Buddies who are IMGs themselves will have insider knowledge about the challenges that lay ahead and could empathise with IMG experiences. However UK graduates will likely have greater cultural knowledge and will be able to provide access to other resources. This matching will depend on the individual IMG and their needs.

Benefits of the Programme for Overseas Doctors

Following the implementation of an intervention like POD, evidence indicates that the performance of IMGs will likely improve[14]. This includes career progression, fewer complaints, and a decrease in reported errors.[4] Retention will also likely increase (including for those in non-training posts). IMGs

who do not have access to such an intervention may struggle. Following such an intervention, doctors are likely to be motivated and confident in their practise within the host-country.[14] It is essential they feel happy, valued and generally 'welcomed'. Current educational interventions for IMGs are unlikely to focus on such feelings. Instead, the focus is on competence. We suggest this sense of feeling welcomed and the building of relationships is instrumental in high retention rates.[14]

Limited resources and time will likely affect intervention success. However, the positive outcomes highlighted above should be a key driver for organisations and regulators to ensure implementation. Without such interventions, employers are unlikely to benefit maximally from hosting IMGs.

Summary of recommendations

Overall recommendations for successful interventions are presented in Box 2, summarising the many factors that organisations must consider, and address, when developing interventions for IMGs (organisational, training and individual levels).

Although POD was developed to address the specific needs of IMGs, the recommendations could apply to supporting other international healthcare professionals, including nurses, who face similar challenges when transitioning to a new country.[4]

Box 2. Recommendations for successful interventions to support IMGs

- ***Local level implementation of a Programme for Overseas Doctors:***

Address organisational needs:

- Increase staff cultural awareness and facilitate development of supportive culture.
- Identify key figure to champion and monitor interventions.
- Develop project management team.
- Establish links with Human Resources to identify ALL incoming IMGs (particularly non-training posts).
- Make links with regional bodies to ensure shared responsibility in facilitating the transition of IMGs.

Address training needs:

- Implement a programme for IMGs (See Box 1). Develop an ***on-going support system*** when back in practice, both formally and informally e.g. *buddying system (provide training for buddies), supervision (provide training for supervisors).*
- Appoint a tutor to support those in non-training posts with training and careers (and provide e-portfolio).

Address individual needs:

- Conduct individual needs assessment and set job expectations (competencies, personal development plan, and work-based assessments).
- Provide detailed feedback (increase confidence and self-awareness).
- Information containing educational resources and e-learning must be available.

References

1. General Medical Council. *List of Registered Medical Practitioners - statistics. 2016*. Available from: http://www.gmc-uk.org/doctors/register/search_stats.asp [Accessed on 5 October 2017].
2. Tiffin PA, Illing J, Kasim AS, McLachlan JC. Annual Review of Competence Progression (ARCP) performance of doctors who passed Professional and Linguistic Assessments Board (PLAB) tests compared with UK medical graduates: national data linkage study. *British Medical Journal* 2014;**17**(348):2622.
3. Tiffin PA, Paton LW, Mwandigha LM, McLachlan JC, Illing J. Predicting fitness to practise events in international medical graduates who registered as UK doctors via the Professional and Linguistic Assessments Board (PLAB) system: a national cohort study. *BMC Medicine* 2017;**15**(1):66.
4. Kehoe A, McLachlan J, Metcalf J, Forrest S, Carter M, Illing J. Supporting international medical graduates' transition to their host-country: realist synthesis. *Medical Education* 2016;**50**(10):1015-32.
5. General Medical Council. *National Training Survey.* 2016. Available from: http://www.gmc-uk.org/education/surveys.asp [Accessed on 01 October 2017].
6. Harris A, Delany C. International medical graduates in transition. *The Clinical Teacher* 2013;**10**(5):328-32.
7. Kirwan C, Birchall D. Transfer of learning from management development programmes: testing the Holton model. *International Journal of Training Development* 2006;**10**(4):252–68.
8. Korte RF. A review of social identity theory with implications for training and development. *Journal of European Industrial Training* 2007;**31**(3):166-80.
9. Jayaweera H, McCarthy H. *Workplace Integration of Migrant Health Workers in the UK*. *WORK→ INT National Research Report*. Turin: FIERI; 2015.
10. Conger JA, Kanungo RN. The empowerment process: Integrating theory and practice. *Academy of Management Review* 1988;**13**(3):471-82.
11. Lave J, Wenger E. *Situated learning: Legitimate peripheral participation*. Cambridge: university press; 1991.

12. Lineberry M, Osta A, Barnes M, Tas V, Atchon K, Schwartz A. Educational interventions for international medical graduates: a review and agenda. *Medical Education* 2015;**49**(9):863–79.
13. Bhat M, Ajaz A, Zaman N. Difficulties for international medical graduates working in the NHS. *BMJ careers*. 2014. Available from: http://careers.bmj.com/careers/advice/Difficulties_for_international_medical_graduates_working_in_the_NHS [Accessed on 2 June 2014.].
14. Kehoe, A. *A study to explore how interventions support the successful transition of Overseas Medical Graduates to the NHS: Developing and refining theory using realist approaches*. Doctoral thesis, Durham University 2017.